

Special attention of Physicians is requested to refer to the regulations below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 711 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Decem 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Mary A. Fairbank

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 70 Years,

11 Months,

12 Days

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

None

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Maryland

Duration of Residence in the City of Baltimore,

All life.

Place of Death, { Give Street and Number. }

786 Franklin

Cause of Death, { First (Primary), }

Cardiac action - Vaular dis. of heart

{ Second (Immediate), }

(Heart Failure) - death sudden

Duration of Last Sickness,

10 hours

All the above information should be furnished by the Physician.

Place of Burial, Gowain tent

Date of Burial, Jan 29 1888

Undertaker, J E Blough & Co

Place of Business,

W. F. Fairbank M. D.

Medical Attendant.

Address, 305 N Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A-712 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}

Sex, Male or Female, { Cross out the word not required in this line.}

Age, 76 Years, 7 Months, / Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line.}

Occupation, Painter

Birth Place, { State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, { Give Street and Number.}

Queen Anne St. Md.

Cause of Death, { First (Primary),
Second (Immediate),

old age.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western B.

Date of Burial, June 29/87

Undertaker, J. B. Cook

Place of Business, 1003 Mt. Baltimore

Edward J. Clarendon M. D.

Medical Attendant.

Address, 1130 H. Street.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 713

Office of Registrar of Vital Statistics.

Ward 6^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Lutz

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 2 Months, 26 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 135^r Wolf St

Cause of Death, { First (Primary), Jaundice
Second (Immediate), Convulsions }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Sem.

Date of Burial, June 28th 1887

Undertaker, G. France

Place of Business, Bank & Wolf Address,

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. A

714

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, ~~within twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. C

Date of Death,

June 27 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ruby Irene Burns

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

7

Months,

Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Life-time

Place of Death, { Give Street and Number. }

45 Williamson St.

Pneumonia

Cause of Death, { First (Primary),

Second (Immediate),

Duration of Last Sickness,

1 month

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore

Date of Burial,

July 29

{ Undertaker,

B. J. Sparks

{ Place of Business,

115 West

H. H. Webster Jr.

M. D.

Medical Attendant.

Address, 106 Warren St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 15

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26th 1887 at 1 o'clock a.m.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Perry LynnMale ✓

Sex, Male or Female, { Cross out the word not required in this line. }

Age, about 75 Years,

Months,

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Brick Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Howard County M.D.Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. }

222 Dorsey AlleyFloor & KidneyDropsy

Cause of Death, { First (Primary),

First (Primary),

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross CemeteryDate of Burial, June 28 1887C. C. Richardson M.D.

Medical Attendant.

{ Undertaker, Hercules Ross{ Place of Business, 601 Carroll St.A. W. Cox, Drapery & Hardware

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department City of Baltimore.

Permit No. 416

Office of Registrar of Vital Statistics.

Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 27th 1887
Ova Balleer

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, ~~Male~~ Female, { Cross out the word not }

Age, Years, 9 Months, 9 Days.

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } # 835 S. Bond St

Cause of Death, { First (Primary),
Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

5 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 28th 1887

Undertaker, W. Dippel

Place of Business, 330 S. Bond St

James & Son M. D.

Office of Health Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John Che. De Goyz Inspector

Board of Health, City of Baltimore,

Permit No. A 717 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the Burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Clay Stab June 28th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Albertis Tabbe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, Days,

Color, *Mulatto*Married, Single, Widow or Widower, { Cross out the word not required in this line. } *✓*

Occupation

Birthplace, { State or country, and how long in the United States. } - if of foreign birth.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. }

Cause of Death, { First (Primary), Second (Immediate). }

Duration of Last Sickness,

All the above info may be furnished by the Physician.

Place of Burial, *Sharp's Cemetery*Date of Burial, *June 28th / 887*{ Undertaker *Sam'l W. Chase*{ Place of Business, *641 Steward St* Address, *110 Linden St**C. A. Dodson*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 718 Office of Registrar of Vital Statistics. Ward 10⁴

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ignatius Dorsey

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 43 Years, Months, Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, N.Y.

Place of Death, { Give Street and Number. } 629 Penn Alley

Cause of Death, { First (Primary), Second (Immediate), } Enteritis - Dr. or hard

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnalyay Cemetery

Date of Burial, June 29 1887

{ Undertaker, Morgan and Rye }

{ Place of Business, Mulberry St New St 102 }

C.B. Gamble M.D.

Medical Attendant.

Address, 925 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 719 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death,

June 27th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Pabel

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, Years, 8 Months, Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

621 N. Central Ave

Cause of Death, { First (Primary), Second (Immediate), }

Cholera infantil & Whooping Cough
Circumcisio

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 28, 1887.

Chas. B. Ziegler

M. D.

Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, 22 W. Fayette st.

Address, 920 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the ~~Information Below~~, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 720 Office of Registration of Vital Statistics. Ward 15^a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Bantam

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, — Months, — Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dresser of Clothes

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } 831. S Howard

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Fallopian Epithelium,

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 28th 1887

Undertaker, Sam W Chase

M. D.

Medical Attendant.

Place of Business, 64. S Howard Address, 178 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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